

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Aging and Adult Administration

VOLUNTEER'S REGISTRATION

VOLUNTEER'S NAME (<i>Last, First, M.I.</i>)	HOME PHONE NO. ()
ADDRESS (<i>No., Street, City, State, ZIP</i>)	WORK PHONE NO. ()
MAILING ADDRESS (<i>If different</i>)	

CURRENT/PREVIOUS EMPLOYMENT

CURRENTLY EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	CURRENT/PREVIOUS OCCUPATION TITLE
CURRENT OR LAST EMPLOYER'S NAME	

EMPLOYER'S ADDRESS (*No., Street, City, State, ZIP*)

SUPERVISOR'S NAME	PHONE NO. ()
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LENGTH OF EMPLOYMENT	DESCRIPTION OF DUTIES
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SUMMARY OF EMPLOYMENT HISTORY

PRIOR VOLUNTEER EXPERIENCE

EDUCATION

High School, College, University, Trade/Business School	City and State	Dates Attended Mo./Yr. to Mo./Yr.	Diploma/Degree and Date Received	Sem. Hours	Major Area of Study

SPECIAL SKILLS/TRAINING/CERTIFICATION/LICENSES

INTERESTS/HOBBIES

LANGUAGES SPOKEN	LANGUAGES READ
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TRANSPORTATION

DRIVER'S LICENSE NO.	EXPIRATION DATE	CAR AVAILABLE <input type="checkbox"/> Yes <input type="checkbox"/> No	WILLING TO TRANSPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE LIABILITY INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
AUTO INSURANCE COMPANY'S NAME			POLICY NO.	EXPIRATION DATE

AVAILABILITY

DO YOU HAVE HEALTH PROBLEMS WHICH MIGHT AFFECT YOUR ABILITY TO WORK

☐ Yes ☐ No If Yes, Explain:

ARE THE DAYS YOU ARE AVAILABLE FLEXIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, INDICATE THE DAYS AND HOURS PER DAY YOUR ARE WILLING TO WORK	NO. OF HOURS AVAILABLE PER MONTH
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PREFERENCES

INDICATE YOUR PREFERENCE TO WORK WITH:

☐ Children ☐ Adults ☐ Transportation ☐ No Preference ☐ Other:

REFERENCES (*Persons not related to you*)

NAME	PHONE NO. ()
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REASON FOR VOLUNTEERING

REASON

HOW DID YOU LEARN ABOUT THE DES VOLUNTEER PROGRAM

STATEMENT OF CERTIFICATION

Have you ever been convicted of or found by a court to have committed a sex offense, drug-related offense, a violence-related offense, child abuse, child neglect or contributing to the delinquency of a minor? ☐ Yes ☐ No

Are you willing to be fingerprinted if required? ☐ Yes ☐ No

I verify that the above responses are true to the best of my knowledge. I agree that DES may check the references which I have listed above.

VOLUNTEER'S SIGNATURE	DATE
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